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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/273,480
Filing Date	10/18/2002
First Named Inventor	Lenoid G. Kronfeld
Art Unit	3712
Examiner Name	
Attorney Docket Number	12798-0006

**To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
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☐ Customer Number: **OR**☒ **Firm or Individual Name** Law Office of Donald T. McPhail II**Address****Address** P.O. Box 223**City** Raynham Ctr**State** MA**Zip** 02798**Country****Telephone****Fax****Name** Brian F. Swienton**Signature** **Registration No.** 49,030**Date** 3-16-04**Telephone No.** 949-725-4000**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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